

## APPENDIX A

### Driver Enrollment Form

Use this form to enroll drivers within your agency who have never had Fuel-Net cards, or who are new to your agency. *Please use a separate form for each account.*

Billing Agency: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Budget Code: \_\_\_\_\_

## DRIVER LIST

LAST NAME	FIRST NAME	SOCIAL SECURITY#	LABEL
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NOTES: Please type or print clearly and plainly.

Label space is optional for unique agency purposes only. Maximum of 8 characters.

This label will appear on the actual cards and billing/invoice reports.

Send new cards to Attention of \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

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Authorization:

Signature of person completing this form	Date
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Phone number FAX number

Signature of Fleet Manager	Date
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Date \_\_\_\_\_

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